

Attorney Docket No. RRTHP0102US

PATENT (OUS)

**COMBINED DECLARATION AND POWER OF ATTORNEY**  
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT)

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title: **MESSAGE DEVICE**

the specification of which

☒ is attached hereto, or☐ was filed as United States Application or PCT International Application (give Express Mail label number and deposit date if Application number not yet known):Application No.:  
(Express Mail Label No.)Filing Date:  
(Deposit Date)

Amended on (if applicable):

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56(a).

**PRIORITY CLAIM**

I hereby claim priority benefits under Title 35, United States Code, §119 of (i) any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed; and (ii) any United States provisional application(s) that is/are listed below.

- ☒ no such applications have been filed.  
☐ such applications have been filed as follows.

**EARLIEST FOREIGN/PROVISIONAL APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
			Yes	No

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant or Patentee: Rochelle Roth  
 Serial or Patent No. Unknown  
 Filed or Issued: Herewith  
 For: MASSAGE DEVICE

Attorney's Docket No. RRTHP0102US

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
 (37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☒ the owner of the small business concern identified below:  
☐ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Midtown Technology  
 ADDRESS OF CONCERN 6200 Euclid Avenue, Suite 211, Cleveland, Ohio 44103

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under §41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, the number of employees of the business concern is the average over the previous fiscal year of the concern of the person employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year; and concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the above entitled invention described in

- ☒ the specification filed herewith  
☐ application serial no. \_\_\_\_\_, filed \_\_\_\_\_  
☐ patent no. \_\_\_\_\_, issued \_\_\_\_\_

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed in the ☐ Appendix hereto, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Rochelle B. Roth

ADDRESS OF PERSON SIGNING 2751 Chesterton Road, Shaker Hts., Ohio 44122

SIGNATURE Rochelle B. Roth DATE 5/25/00

## POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Neil A. Duchez; Reg. No. 26,725; Warren A. Sklar, Reg. No. 26,373; Cynthia S. Murphy 33,430

The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instructions from

Authorized representative:

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned.

## Send Correspondence To

Cynthia S. Murphy  
Renner, Otto, Boisselle & Sklar, P.L.L.  
1621 Euclid Ave., 19th Floor  
Cleveland, Ohio 44115

## Direct Telephone Calls To:

(name and telephone number)

Cynthia S. Murphy  
(216) 621-1113

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein.

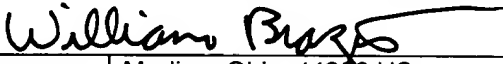
<b>Full Name of Sole or First Inventor:</b> Rochelle B. Roth			
Inventor's signature:	<i>Rochelle B. Roth</i>	Date:	5/25/00
Residence: (City & State/Country):	Shaker Heights 44122, Ohio, US	Citizenship:	United States
Post Office Address:	2751 Chesterton Road		

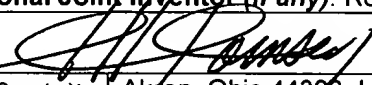
<b>Full Name of Additional Joint Inventor (if any):</b> Brian Smith			
Inventor's signature:	<i>Brian Smith</i>	Date:	5/25/00
Residence: (City & State/Country):	Cleveland Heights, 44118 Ohio, US	Citizenship:	United Kingdom
Post Office Address:	1525 Kew Road		

CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH  
FORM A PART OF THIS DECLARATION

- [ X ] Signature for additional joint inventors.  
 [ ] Added page to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.  
 [ ] This declaration ends with this page.

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR SIGNATURE BY THIRD AND SUBSEQUENT INVENTORS

<b>Full Name of Additional Joint Inventor (if any):</b> William Brazis			
Inventor's signature:		Date:	5.30.00
Residence: (City & State/Country):	Medina, Ohio, 44266 US	Citizenship:	United States
Post Office Address:	3364 S. Weymouth Road		

<b>Full Name of Additional Joint Inventor (if any):</b> Roger H. Ramsey			
Inventor's signature:		Date:	5/30/00
Residence: (City & State/Country):	Akron, Ohio 44303, US	Citizenship:	United States
Post Office Address:	871 Merriman Road		

<b>Full Name of Additional Joint Inventor (if any):</b>			
Inventor's signature:		Date:	
Residence: (City & State/Country):		Citizenship:	
Post Office Address:			

<b>Full Name of Additional Joint Inventor (if any):</b>			
Inventor's signature:		Date:	
Residence: (City & State/Country):		Citizenship:	
Post Office Address:			

<b>Full Name of Additional Joint Inventor (if any):</b>			
Inventor's signature:		Date:	
Residence: (City & State/Country):		Citizenship:	
Post Office Address:			

002090" 40698560